

Tuberculosis and tuberculin Skin Test Information

WHAT IS TUBERCULOSIS? Tuberculosis is a communicable disease which usually affects the respiratory system but may involve other systems and parts of the body.

TUBERCULIN SKIN TEST (MANTOUX TEST): The Tuberculin Skin Test solution, when injected into superficial layers of skin, will cause a reaction in those exposed to the tuberculosis bacteria.

PERSONS WHO SHOULD NOT HAVE THE TEST DONE:

- Those with documented history of tuberculosis.
- Those with previously documented positive reaction to the Mantoux test.
- Those with documented hypersensitivity and / or allergy to the test solution.

PERSONS WHO SHOULD BE DIFFERED FROM THIS TEST

- Have you had a severe viral or fever-associated illness within the past four to six weeks? Yes No
- Have you had measles or other rash producing illness within the past four to six weeks? Yes No
- Have you received live virus vaccinations such as measles, mumps, rubella (MMR), or
- Polio vaccine within the past two weeks? Yes No
- Are you taking cortisone or having cancer treatments? Yes No

POSSIBLE SIDE EFFECTS FROM THE TUBERCULIN TEST SOLUTION.

Side effects are very rare. A very sensitive individual may experience a strongly positive reaction, which could cause skin ulcers and scarring at the test site. Generalized reactions such as fever and / or acute inflammation around old tuberculosis lesions may also occur. An extremely rare severe allergic reaction could result in death.

INTERPRETATION OF TEST RESULTS: A skin test must be read 48 to 72 hours after injection.

Questions: If you have any questions about Tuberculosis or the Tuberculin Skin Test, please ask us now or call your doctor. For more information about this test, contact the Facility Medical Unit.

AUTHORIZATION – I have read the information on this form and understand the benefits and risks of the Tuberculin Skin Test I understand the benefits and the risks of the Tuberculin Skin Test and request that it be given. Annual Tuberculin Skin Testing is mandatory in the New York State Department of Correctional Services per Directive #4322.

Name (print):		Signature:	
Date of Birth	Social Security Number:	Facility	

TESTING INFORMATION

Date Tested	Site of Test	R.N. Administering Test
Date Read	Result	R.N. Reading Test
Manufacturer		Lot #